

Date Received _____
Date Issued _____

2017

License No. RL-21729

Uniform Alcoholic Beverage License Application

Mail this copy to: Department of Revenue, Special Tax Division 445 East Capitol Ave Pierre, SD 57501-3100

A. Owner Name and Mailing Address SMITTYS PIZZA INC 315 W WILLOW ST HARRISBURG, SD 57032 Owner's Telephone# : _____	B. Business Name and Address SMITTYS PIZZA INC 315 W WILLOW ST HARRISBURG, SD 57032 Business Telephone #: _____
C. Indicate the class of license being applied for (submit separate application for each class of license). <input checked="" type="checkbox"/> Retail (on-sale) Liquor <input type="checkbox"/> Retail (on-sale) Liquor - Restaurant <input type="checkbox"/> Retail (on-off sale) Wine <input type="checkbox"/> Package (off-sale) Liquor <input type="checkbox"/> Retail (on-off sale) Malt Beverage <input type="checkbox"/> Retail (on-off sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Package (off-sale) Malt Beverage <input type="checkbox"/> Package (off-sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Other (please classify) _____ <input type="checkbox"/> Transfer Fee \$150.00 Number of other Package Liquor Licenses held: <u>0</u> Number of other On-sale Liquor Licenses held: <u>0</u> Is this License in active use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	D. Legal description of licensed premise: <u>Hsbg - Harvest Acres Lot 6B - BIK10</u> Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you own <input type="checkbox"/> or lease <input checked="" type="checkbox"/> this property? (Check one) E. State Sales Tax Number: _____ Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent F. Contact the TTB for Federal Alcohol registration at 1-800-937-8864. G. New license? _____ Transfer? (\$150) _____ Re-issuance? <input checked="" type="checkbox"/>

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date 12-12-16 Print Name Doug Smith Signature [Signature]

I. Any application required to be submitted to a local governing board must be signed in the presence of the city or county auditor, the town clerk or notary public. This applies to ALL applications EXCEPT the following: distillers, manufacturers, wholesalers, municipalities, airports, solicitors, dispensers, carriers, transportation companies, and farm wineries.

Place of business is located in a municipality? ☒ Yes ☐ No County: Lincoln

This application was subscribed and sworn to before me this 12th day of Oct

Approving Officer's Telephone Number 605-743-5872 Signature [Signature]

J. APPROVAL OF LOCAL GOVERNING BODY - Notice of hearing was published on _____ . Public hearing on the application was held _____ , not less than SEVEN (7) days after official publication. The governing body by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements of local and South Dakota law.

Application approved for Sunday on-sale operation? ☒ Yes ☐ No

Are real property taxes paid to date? ☐ Yes ☐ No

Ineligible for video lottery ☐

Number of video lottery terminals on licensed premise: _____

Renewal - no public hearing held ☒

Amount of fee collected with application \$ 1200.00

Amount of fee retained \$ 1200.00

Forwarded with application \$ -0-

For Local Government Use

(Seal) _____
Mayor or Chairman

If disapproved, endorse reason thereon and return to applicant

Transferred (State Use)

From _____

Sales tax approval _____ Date _____

STATE LIQUOR AUTHORITY: APPROVAL _____ REVIEW _____

Please complete reverse side

Company supplement information
(For corporate/partnership/LP/LLC applicants)

If supplement unchanged from last year check this box and sign below.



State of South Dakota)
)
County of)

Affidavit

We, the undersigned, being first duly sworn upon oath, supply the following information:

Name of corporation/partnership/LP/LLC _____
Address of office and principal place of business of corporation/partnership/LP/LLC _____
Date of incorporation _____
Date of last report filed with Secretary of State _____
Are all managing officers of this corporation/partnership/LP/LLC of good moral character? _____
Have any of the managing officers of this corporation/partnership/LP/LLC ever been convicted of a felony? _____

Name, title of office, occupation and address of each of the officers/owners of the corporation, partnership, LP, or LLC:

Name	Office	Address	Occupation

Name, address and occupation of each of the directors of the corporation:

Name	Address	Occupation

Name and address of each of the stockholders and number of shares owned or held by each:

Name	Address	Percentage of Shares

Name of any officers, directors, partners or stockholders of applicant having a financial interest or capital stock in any other retail liquor outlet:

Name	Type of license of financial interest and address of retail outlet

Where and with whom are all company records kept, such as charter, by-laws, minutes, accounts, notes payable, and notes and accounts receivable, etc?

With signature the applicant agrees to the following:

That the applicant company will comply with all provisions of ARSD chapter No. 64:75:02 of the Department of Revenue, relating to the transfer of stock and prior approval of the transfer of such stock by the Secretary of Revenue and violation of any of the provisions of said regulation or failure to comply therewith, whether by the undersigned corporation, partnership/LP/LLC or by any stockholder thereof, or by anyone interested in said company, shall constitute cause for revocation or suspension of any license issued pursuant to and in reliance on this application, or for refusal to renew such license upon expiration thereof.

We the undersigned officers and directors of the applicant company acknowledge that the within supplement application form is true and correct in every respect and that there exists no financial arrangement concerning this or any other alcoholic beverage license than that expressly set forth above. If company stock is to be transferred we ask for approval of such voluntary stock transfer.

Signature of Authorized Officer/Director/Partner _____

Subscribed and sworn to before me this 12th of October 2016 Lincoln County, South Dakota.

My commission expires Feb 10, 2018

